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DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Judith P. Meyers	
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number		
☑ Declaration ☐ Declaration	Filing Date	7/20/2001	
	Group Art Unit		
Filing (37 CFR 1.16 (e)) required)	Examiner Name		
Decorative Masks for Use With Eyeglasses			
(Title of	the Invention)		
ne specification of which	and inventionly		
is attached hereto OR was filed on (MM/DD/YYYY)	as United States App	lication Number or PCT International	
(
Application Number	ed on (MM/DD/YYYY)	(if applicable).	
and was amend	`		
Application Number	s of the above identified spe	cification, including the claims, as	

Prior Foreign Application Foreign Filing Date **Priority Certified Copy Attached?** Number(s) Country (MM/DD/YYYY) **Not Claimed** YES NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INV	ENTOR:			A petition	on has been fil	ed for this unsigned inventor	
Given Name Judith P. (first and middle [if any])				Family Name Meyers			
Inventor's Sudiffity Meyers Date 7/15/2007							
Greeley . Residence: City		7	State C	0 (Country US	Citizenship	
Mailing Address	iue, #38						
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City Greeley	CO State			80634 ZIP		US	
NAME OF SECOND INVENTOR:				A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature Date							
			State		Country	Citizenship	
Mailing Address							
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Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							